

SUCCESSFUL COMMUNITIES FROM RIDGE TO REEF

World Wildlife Fund

WORK PLAN

1 JULY 2004 – 30 JUNE 2005

**Submitted to USAID Global Health Bureau
Office of Population and Reproductive Health**

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SECOND WORK PLAN, 1 JULY 2004 – 30 JUNE 2005

1 INTRODUCTION

This is the second annual work plan for WWF's project Successful Communities from Ridge to Reef, funded under cooperative agreement GPO-A-00-03-00008-00 by the Population and Reproductive Health Program of USAID's Global Health Bureau. Activities for this period are briefly outlined below, along with budgetary requirements. It covers activities for sites in Madagascar, Kenya and Philippines; and a learning component.

Activities in the second year will be supported by a USAID-funded Population-Environment Fellow, Cara Honzak, who joined WWF in July 2004.

Activities in this work plan build on the accomplishments of the first year of this cooperative agreement, during which time:

- The WWF Madagascar/ASOS partnership in Madagascar expanded its work to 22 new villages in the Spiny Forest Ecoregion, increasing ASOS capacity for the additional population/health/environment work
- WWF East Africa Programme Office and African Medical Research Foundation created a partnership and initiated family planning services linked to sound natural resource management in Kiunga, East Africa Marine Ecoregion
- Initial work was undertaken to identify a third country to participate in the project
- Initial work was undertaken on the learning component.

Note that FY04 activities, particularly in the field, did not start till approval of the FY04 work plan in March 04.

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2 MADAGASCAR

Project Overview

Spiny Forest Ecoregion

The spiny forests of Southern Madagascar cover 2.080.000 ha, and are among the richest ecosystems on Earth, with unique flora and fauna such as the ring-tailed and *sifaka* lemurs (*Lemur catta* and *Propithecus v. verreauxi*), terrestrial tortoises (*Geochelone radiata* and *Pyxis arachnoides*), and several birds, reptiles, and amphibians.

The province of Toliara, which encompasses most of the Spiny Forest Ecoregion, has the highest annual population growth rate of all provinces in the country, at 3.6% in 1999 (Faritany de Toliara, 2000), due to high fertility rates and migration. The Southern Mahafaly and Tandroy ethnic groups are mostly cattle breeders and they have practised seasonal migration for centuries. Urbanization is also very high with annual rates over 47% between 1993 and 1999 (Faritany de Toliara, 2000). Migration is a major cause of the high prevalence rates of sexually transmitted diseases in Southern Madagascar.

Biodiversity is being lost in the Spiny Forest at an alarming rate due to: rapid population growth from high natural birth rates and migration; lack of education; and lack of sustainable development alternatives, all leading to unwise production methods and unsustainable use of forest products. An analysis of the linkages between population and environment in the Spiny Forest Ecoregion, using spatial population and biological data from 1993 as well as on-the-ground qualitative research has revealed the following key linkages, among many others:

- High population growth reduces the per capita amount of cultivable land available to local populations; frequent droughts reduce the ability of these populations to meet their basic needs, encouraging them to exploit freely accessible forest resources.
- Lack of development alternatives in these dry lands leads young people to migrate, mainly to urban areas or rural areas with forest resources at hand. In rural areas, migration not only leads to forest clearing to appropriate land but also often to social disruption. In urban areas, a growing population means growing demand for natural forest products such as charcoal and timber for construction.
- Slash-and-burn agriculture is the most practiced form of agriculture.
- Lack of basic health services often leads to over-exploitation of medicinal plants in the Spiny Forest Ecoregion.

In 1998, WWF started the Ala Maiky Program whose goal is the long-term maintenance of biodiversity representation, ecological processes, and viable species populations in the dry forests of Madagascar through a network of nine priority areas representing 15 to 25% of the original extent of each natural habitat in the Ecoregion. An Ecoregional Conservation Plan, completed in 2002, spells out the strategies, actions and players

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needed to achieve this ambitious vision. The activities in this workplan have been identified in the Ecoregional Conservation Plan as key to successful achievement of the Spiny Forest Ecoregion Biodiversity Vision.

One of WWF's priorities in the Madagascar Spiny Forest Ecoregion thus concentrates on promoting family planning and primary health care services to stabilize population growth, improve local people's ability to take part in development initiatives and reduce pressure on key natural resources. In order to promote family planning and health services, WWF collaborates with Action Santé Organisation Secours (ASOS) NGO in targeted villages around the conservation areas. This work is done within the wider framework of the Voahary Salama Initiative, an integrated Population-Health-Environment program in which over 20 health and environmental NGOs collaborate.

This project is an extension of current interventions related to integrated population-health-environment (PHE) activities in the surrounding priority conservation areas in the Southern Dry Forest Ecoregion. Twenty-four villages have been targeted in four priority conservation areas: the eastern side of the Tsimanampetsotsa National Park, the Seven Lakes future regional park, the future Mikea Forest protected area, and the Androy area. The initial proposal planned to work in the eastern side of the Tsitongambarika Classified Forest but we ultimately received confirmation from the European Union that they would fund population-environment activities in Tsitongambarika (where they are funding a community-based forest management project). In order to avoid funding redundancy, we then proposed that the Tsitongambarika site be replaced by one of the priority areas in Androy, which also has heavy population pressure.

In FY04, WWF and ASOS made significant progress towards the goal of ensuring sustainable natural resource management in integrated family planning, reproductive health, and natural resources management in the Spiny Forest. The project completed a baseline survey and Participatory Rural Appraisal in all 22 target villages. The survey enabled WWF and ASOS to help the villages develop work plans that related to population and health priorities. The results of the survey were then used to identify local volunteers to serve as community-based distributors for Population, Health, and Environment activities. Communications volunteers were also identified and now await training, and youth groups and "listening" groups for radio messages are now operational. In addition, the project began discussions with Voahary Salama to build a partnership, and initiated negotiations with PSI (Population Services International) and the Ministry of Health to ensure a sustainable flow of supplies and contraceptives to the target communities.

Moist Forest Ecoregion

The Moist Forest Ecoregion is by far the largest ecoregion in the country with an area of 31,200,000 ha, stretching from the northern tip of the island to the southern one. The Ecoregion encompasses lowland humid forests, sub-humid forests and ericoid vegetation typical of mountainous areas. The Moist Forest contains some of Madagascar's key

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conservation priorities including protected areas (representing 5.26% of the total natural forest area) and numerous Sites of Biological Importance and Classified Forests.

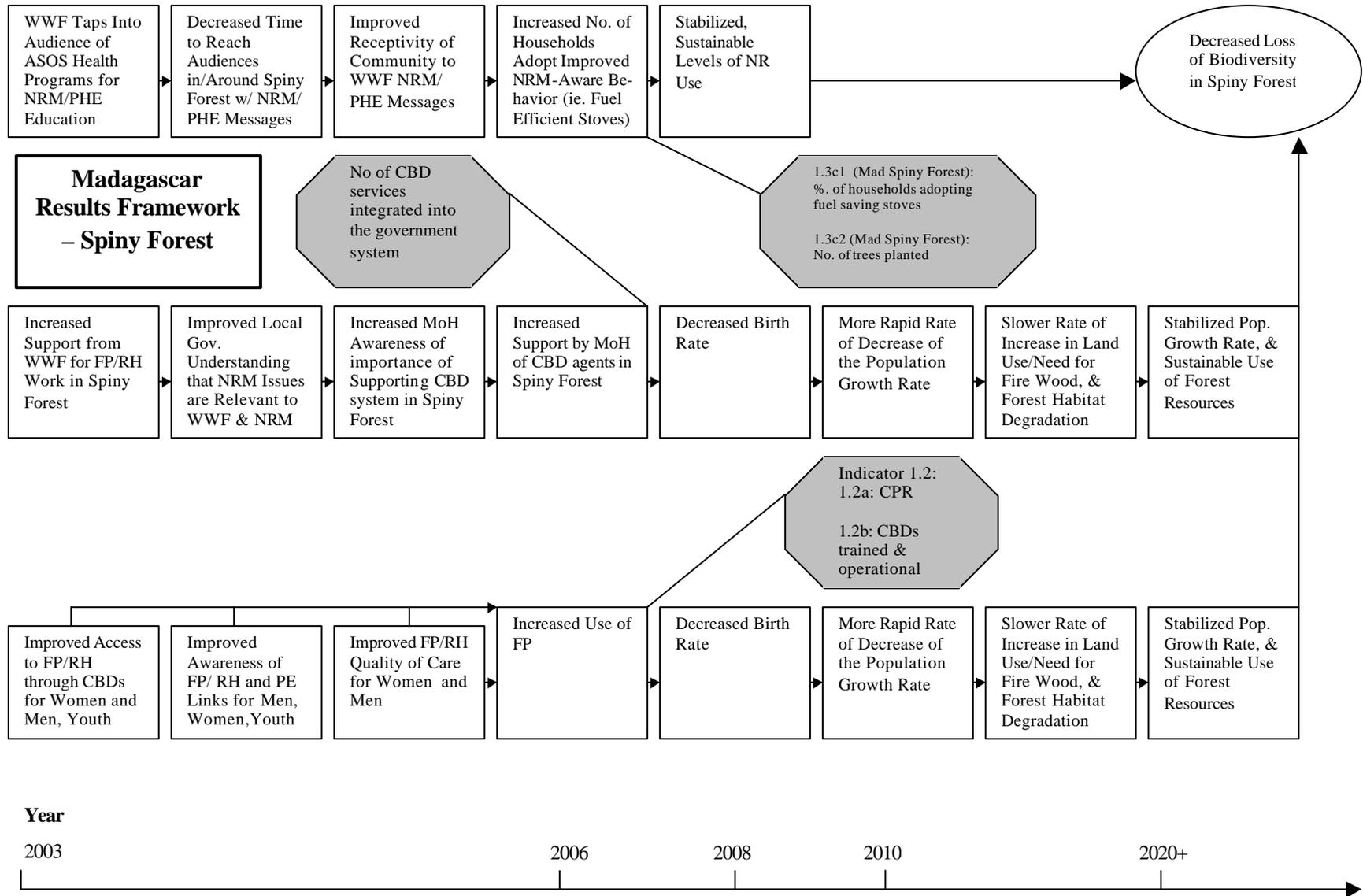
The Moist Forest reconnaissance has identified slash and burn rice agriculture, illegal forest resource exploitation, mining, bush fires and inadequate land tenure systems as some of the direct causes of forest loss in the Ecoregion. Pervasive poverty characterised by lack of education and information as well as basic social services (mainly health) on the one hand and institutional weaknesses on the other hand have been determined to be behind these causes of biodiversity loss.

As the ecoregion planning process proceeds to the identification of priority conservation targets, the Project's objective will be to initiate population-environment work in key forest areas where this is a priority, and build upon the WWF-ASOS-Voahary Salama experience in Southern Madagascar. WWF and ASOS have talked with different policy makers in the area to gather their insights and to ensure good collaboration from the beginning of the project. WWF and ASOS were able to convince them of the utility of the project and to obtain their full cooperation. They worked closely with WWF and ASOS in the design of the survey instrument as well as in the selection of the sample villages that would be visited. Eight enumerators were trained to conduct the fieldwork. Eight villages were visited in the 2 priority conservation targets sites (Mindongy du Sud and Vondrozo). In FY2005, the data will be entered and analyzed.

Results Chains

The Madagascar PE Project recently developed results chains to relate FP, RH, and integrated PHE interventions to conservation outcomes. These results chains have been used as the foundation for the Performance Monitoring Plan. The Results Framework for the PE interventions in Madagascar is included on the following two pages and will be submitted to USAID with the Performance Monitoring Plan for the "Successful Communities from Ridge to Reef" Project.

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Project Goal

The overall goal is to ensure sustainable natural resource management in the Spiny and Moist Forest Ecoregions of Madagascar by addressing threats related to population aspects.

Project Activities

Spiny Forest Ecoregion

Objective 1: To implement community-based population-environment programs in villages adjacent to biologically important forest areas in the Spiny and Moist Forest Ecoregions, using a participatory approach.

Level of Effort: \$57,788

USAID: \$52,788¹

Other Sources: \$5,300

Activity 1.1: To organize regular coordination and planning meetings involving all other actors to participate in the programming and cost sharing for the implementation of integrated population-health-environment (PHE) program.

The project will gather project partners in the Spiny Forest ecoregion area including WWF, ASOS, ANGAP, SAGE, and Andrew Lees Trust in meetings about integrated population, health and environment programs, to define common objectives, to adopt common approaches, to identify the responsibilities and contributions of each organization, and to plan shared activities.

Anticipated Results:

- Common planning is adopted by partners in integrated program

Activity 1.2: To update baseline data and a participatory analysis of the situation of PHE in each of the 22 targeted villages and to contribute to the renewal of participatory village action plans.

Development and success of the activities will be assessed and evaluated on the basis of the number of regular users of contraceptives as a proportion of the target population. Because the population continues to grow, the baseline data need to be updated every year.

Anticipated Results:

- Updated data are available for the 22 targeted villages

Activity 1.3: To assist CBD agents in FP mobilization and recruitment of regular contraceptive users.

¹ Note that USAID contribution in the FY05 work plan totals \$400,000 received this financial year. It does not take into account remaining pipeline as of 30 June 2004, since the work for the latter funding was covered in the FY04 work plan.

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Assistance to CBD volunteers will become more specific and oriented to priority needs. Inputs from ASOS agents will start to decrease, while those of the volunteers will increase. Support from ASOS will be more focused on the enhancement of local actor capacity and responsibilities.

Anticipated Results:

- Increased no. of new FP users, through meeting unmet need

Activity 1.4: To monitor and evaluate CBD volunteers' activities regularly.

CBD volunteers will become more familiar with the different monitoring tools and more proficient at applying them. Monthly meeting with their clinic reference center will become a habit and no longer require the presence of ASOS agents. The activities of the CBD volunteers will be totally integrated with those of the clinic center.

Anticipated Results:

- 80% of CBD volunteers are regularly planning and monitoring their activities

Activity 1.5: To integrate the promotion of prenatal care for pregnant women in the daily activities of Matrons (traditional birth attendants) and CBD agents in collaboration with the reference clinic centers.

In this activity matrons (traditional birth attendants) and CBD volunteers will become recognized by the local representatives of the Ministry of Health (reference clinic centers) as their auxiliaries. A functioning reference system will be set up between the community volunteers and the reference clinic centers.

Anticipated Results:

- More than 70% of CBD volunteers achieve their objectives

Activity 1.6: To create additional community pharmacies where necessary.

Community pharmacies have to run by themselves with a possible supply of drugs from the public health clinic centers. The ASOS supervisors and the public health agents will undertake regular follow-up. In addition, new pharmacies will be created where conditions are met for a better access to basic health care and essential drugs for remote villages.

Anticipated Results:

- 80% of target villages have access to primary health care and essential drugs such as anti-malarial drugs within 5 km walk

Activity 1.7: To promote rational use of firewood by promoting fuel-saving stoves within rural households and encouraging tree planting activities.

The majority of households in the project area will adopt rational use of natural forest resources. Model households will be identified and motivated in each village. Households that adopt many of the promoted activities will be chosen as models and receive support from different partners in the integration program.

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Anticipated Results:

- 50% of targeted households use fuel-saving stoves and initiate tree planting activities; tree nurseries are created in 10 villages (considering the context of the dry climate, creation of tree nurseries is limited by water availability).

Activity 1.8: To increase reforestation and maintain vegetation cover by supporting tree and grass planting activities, setting up fire protection with the communities, and reinforce community control over forest resources.

Other actors such as PSDR and structures within the phase 3 Environmental Program will be mobilized to support community initiatives in tree planting, etc. to cover a more significant area. The role of ASOS team will then concentrate on community mobilization, structuring and the formulation of the request/proposals.

Anticipated Results:

- 500 new young trees are planted in targeted areas in the 22 villages

Activity 1.9: To continue helping youth reproductive health groups/associations with tree planting and other environmental protection activities as appropriate.

Apart from participation in youth reproductive health promotion, new youth groups will also become involved in environmental education and participate in tree planting, controlling illegal exploitation of tortoises, promoting fire protection, protecting water sources, digging latrine pit holes, etc.

Anticipated Results:

- Tree planting and other environmental protection initiatives are implemented by youth groups

Activity 1.10: To share with other countries experiences and lessons learned in “integrated program” within Voahary Salama initiative.

No matter how effective ASOS/WWF and other local partners' work might be, other experiences--especially those of other countries--are always valuable. Exchanges with other areas and countries will take place to improve the performance of ASOS staff.

Anticipated Results:

- ASOS staff member takes part in an exchange visit to Philippines or other country

Activity 1.11: To facilitate continuing discussion about FP and safe motherhood by women's groups, and involve them in the implementation of the conservation plan.

Women's groups will be invited to organize thematic discussions related to population/health/environment and provide testimony for successful experiences to other villages.

Anticipated Results:

- Concrete actions are implemented by women groups/association for P-H-E program

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Objective 2: To strengthen local capacities for implementing population and environment programs.

Level of Effort \$30,215

USAID \$22,565

Other Sources \$7,650

Activity 2.1: To review training of former 48 CBD volunteers

After one year of activities, the CBD volunteers will have gained knowledge they can share with each other. They will discuss problems they have encountered during their work and the solutions they have or should have adopted. This will be a good opportunity to review objectives and to plan their work for the year.

Anticipated Results:

- Technical skills of former CBD volunteers are assessed, especially their ability to address rumors

Activity 2.2: To use the integrated program for implementation of actions included in the Communal Development Framework.

The local authorities and the community should recognize the contributions of the population/health/environment activities to the implementation of their PCDs. Community based activities related to population, health and environment alternatives in the targeted villages will be implemented as an integral part of the PCD, as a direct benefit for the communities.

Anticipated Results:

- Integrated activities are considered an integral part of implementation or review of existing PCDs.

Activity 2.3: To continue to enhance community organizational capacities and identify more volunteers in each village to serve as role models within the community.

After the Year One initiation phase, the second year will be used to intensify capacity building activities. Different community and women's groups will be encouraged to create formalized associations with clear objectives. Those groups will be trained and receive support for project identification, proposal setting, negotiation and resource mobilization. ASOS will provide local organizations with relevant and diversified information.

Anticipated Results:

- 40% of volunteers are able to plan and perform communication activities and alternative actions without assistance

Activity 2.4: To evaluate the achievement of "Integration Champion Communities" objectives and involve more villages in the process.

Based on the results of the baseline data collection added to the PRA analysis, communities will be asked to identify and adopt feasible objectives—achievable in one

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year—which address population, health and environmental issues. The spirit of the approach is to encourage the community to discover challenges for themselves rather than just to participate in activities that might have been identified by NGOs, etc.

Anticipated Results:

- 60% of committed villages achieve the Champion Community objectives and identify additional objectives

Activity 2.5: To follow-up with matrons on safe motherhood notions and HIV/AIDS prevention.

Matrons will be provided with adapted communication tools and technical instruments. HIV/AIDS prevention activities will be organized involving matrons, CBD volunteers, ASOS and health clinic agents.

Anticipated Results:

- At least 20 trained matrons participate in the promotion of safe motherhood and HIV/AIDS prevention

Activity 2.6: To facilitate update of work plan in FP and RH integrating HIV/AIDS prevention, focused on better knowledge of HIV transmission and prevention measures.

Each trained CBD will determine his/her objectives and prepare an integrated FP/RH work plan to be mentored by ASOS agents and monitored by the nearest public health clinic agent. The assistance of ASOS agents will decrease as volunteers become more proficient.

Anticipated Results:

- Each trained CBD volunteer will have the opportunity to develop and update work-plans based on his/her target groups for the FP and RH program

Activity 2.7: To organize Social Mobilization Days in P-H-E integration at the commune level for other villages having reached the objectives of the Champion Communities Program.

A participatory evaluation of integrated activities will be performed one year after initiation of the Champion Community process, after which a social mobilization day will be organized to celebrate the achievement of the objectives and to award model community members.

Anticipated Results:

- At least 70% of villages committed to Champion communities process achieve the objectives within one year

Objective 3: To develop appropriate educational programs and tools that make the links between population issues, health, and the sustainable management of natural resources.

Level of Effort \$23,089

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USAID	\$16,789
Other Sources	\$6,300

Activity 3.1: To reinforce the capacities of ASOS agents to contribute to the promotion of the transfer of forest management to local communities.

As transfer of management of the natural forest to the community progresses, WWF, ASOS and other partners will mobilize local leaders and the population to implement this. In preparation for this, ASOS agents will be trained in knowledge and skills about the process so that they can better participate and mobilize the community.

Anticipated Results:

- At least 80% of ASOS agents are familiar with the forest management transfer mechanisms

Activity 3.2: To prepare a communication plan with partners on integrated messages in the Ala Maiky Region, focused on demographic issues.

After one year of integrated communication, the behavioral changes in each communication target group will be assessed and the communication strategies and tools refined accordingly. The evaluation will be done with a participatory approach.

Anticipated Results:

- Integrated communication objectives, strategies, key messages and tools are planned with the participation of partners.

Activity 3.3: To produce additional integrated communication tools in collaboration with Voahary Salama for partners' field agents.

Based on the communication strategy evaluation, local partners and Voahary Salama will collaborate in the conception, testing, and production of new integrated communication tools.

Anticipated Results:

- Partners' field agents and community volunteers are familiar with those diverse communication tools

Activity 3.4: To review the ability of community volunteers in integrated PHE communication techniques and plan communication activities for the year.

Community volunteers will be trained in new communication techniques and tools, depending on results of the communication evaluation.

Anticipated Results:

- 60% of community volunteers are able to implement the integrated P-H-E communication activities that have been planned

Activity 3.5: To continue radio broadcasting productions involving youth groups about RH and HIV/AIDS prevention.

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To reach a larger audience and to introduce new messages for the integrated program, the radio productions made by youth groups will continue, in collaboration with the ALT/Radio project.

Anticipated Results:

- 12 radio broadcasts on HIV/AIDs and RH are produced featuring youth

Activity 3.6: To train new youth groups/associations in communication techniques on HIV/AIDS.

Like the community volunteers, youth groups and associations need to update their knowledge about the latest news, strategies and communication tools related to HIV/AIDS prevention. Trainees will participate in a workshop during which they will share experiences.

Anticipated Results:

- 22 new youth group members are familiar with HIV/AIDS communication techniques and tools

Activity 3.7: To organize focus groups and peer education campaigns in FP-RH across target villages.

Apart from members of groups and associations, trained people will reach a larger audience within the community, using different communication techniques and tools.

Anticipated Results:

- Youth groups actively take part in peer education, focus groups and a workshop on HIV/AIDS communication

Moist Forest Ecoregion

Objective 4: Initiate population-environment work in the Moist Forest Ecoregion.

<i>Level of Effort</i>	<i>\$20,057 (excluding activity 4.1)</i>
<i>USAID</i>	<i>\$17,957</i>
<i>Other Sources</i>	<i>\$2,100</i>

Activity 4.1: To implement a conservation priority-setting exercise for the Moist Forest Ecoregion

As part of the ecoregional planning process, a Biodiversity Vision will be finalized for the Moist Forest identifying priority areas and targets for conservation. This will help orient future population-environment work for this ecoregion. It will be undertaken by WWF and partners with funding from other sources.

Anticipated Results:

- Biological values and major threats in the Moist Forest Ecoregion are assessed
- Priority conservation areas are identified
- 2 priority areas for population-environment work are identified.

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Activity 4.2: To involve ASOS or other partners in a participatory diagnosis of population/health/environment issues in identified priority areas.

An integrated and participatory analysis will be conducted by WWF and partners in the peripheral zone of the Moist Forest priority conservation areas where there is no organization involved in P/H/E activities yet.

Anticipated Results:

- Main issues in population/health/environment around the Moist Forest priority conservation areas are identified using a participatory approach.
- Priority activities for integrated P-H-E are identified and planned with the community
- Baseline data on population is collected for selected priority areas.

Activity 4.3: To identify potential partners to provide population-environment support in selected priority areas.

Given the fact that ASOS already works along Madagascar's eastern coast, it is a potential partner for WWF in initiating a population/health/environment-integrated program in the Moist Forest. However, other partners are also possible, including the Ministry of Health, educational and development organizations, and others. Potential partners will be identified once priority sites are determined.

Anticipated Results:

- Formalized collaboration with selected partners
- Capacity building needs of partners are identified

Monitoring & Evaluation

The monitoring plan developed in the first year will be implemented. Early results will be analyzed, and adjustments made to the program as needed to strive for maximum effectiveness. Monitoring results will also be supplied to the learning component.

Financial Sustainability

Through the training and involvement of community volunteers and existing village and communal structures, the project will ensure buy-in and long-term support for population, health and environment activities.

Through its support of the Communal Development Plans of the proposed intervention areas, WWF will promote the integration of population-environment work and encourage further investments in population, health and environment activities by government, NGOs and donors in order to ensure financial sustainability.

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The collaboration with PSI, a Social marketing program funded by USAID would enable ASOS to set up a sustainable supply of contraceptives and other essential products like mosquito nets, chlorine for water, etc. Apart from that, collaboration with the MoH has to be enhanced to get profit of the governmental circuit of contraceptive supply and follow up of CBD volunteers. The collaboration with PSI has been explored because of frequent shortages that have been observed during previous months.

During the second year, WWF and ASOS will continue to seek other avenues also to ensure financial sustainability.

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Table indicating Office of Population core activities for Madagascar:

Activity	FP/HIV links	Adolescents	Post-abortion care	Contraceptive security	Maximizing access/quality	Population-environment	Gender	Female genital cutting
Activity 1.1						X		
Activity 1.2						X		
Activity 1.3						X		
Activity 1.4	X					X		
Activity 1.5						X	X	
Activity 1.6					X	X		
Activity 1.7						X	X	
Activity 1.8						X	X	
Activity 1.9					X	X		
Activity 1.10						X		
Activity 1.11						X	X	
Activity 2.1						X		
Activity 2.2						X		
Activity 2.3						X	X	
Activity 2.4						X		
Activity 2.5	X					X	X	
Activity 2.6	X					X	X	
Activity 2.7		X				X		
Activity 3.1						X		
Activity 3.2						X		
Activity 3.3						X		
Activity 3.4						X		
Activity 3.5						X		
Activity 3.6						X		
Activity 3.7						X		
Activity 4.1						X		
Activity 4.2						X		
Activity 4.3						X		

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3 KENYA

Project Overview

Introduction

The Kiunga Marine National Reserve (KMNR) lies within the Lamu Archipelago in northern Kenya, itself part of the globally-recognized Eastern African Marine Ecoregion (EAME) that stretches from South Africa to Somalia (Map 3). The Kiunga National Marine Reserve (KMNR) and the adjoining Dodori National Reserve were jointly designated as a UNESCO Biosphere Reserve in 1980. The ecoregion boasts outstanding marine biodiversity, supporting a wealth of ecologically-critical habitats, and over 11,000 species, of which 60-70% are unique to the Indo-Pacific Ocean. It is an area of outstanding beauty and ecological significance, where three inter-dependent habitats – coral reefs, mangroves and seagrasses – sustain an astonishing diversity of marine, bird and animal life. Together, the three national reserves nurture a globally unique wealth of diverse habitats, cultures and species, and form an area of rich biodiversity and catchment protection for river and coastal ecosystems.

The local coastal communities are predominantly Bajuni – a mix of Arab and Bantu ancestry – whose traditional livelihoods include fishing, mangrove harvesting, subsistence farming and animal husbandry. Approximately 15,000 live in villages along the Lamu coast. Inland, and numbering around 4,200, the animist Boni people source edible and medicinal plant materials from the Dodori and Boni forests. Former hunter-gatherers, the Boni now rely on small-scale agriculture and honey-harvesting. Married women of reproductive age constitute an estimated 20% of the total population.

Threats

Local livelihoods are dependent on outstanding marine and coastal resources that are increasingly threatened by environmental and demographic change. Unsustainable fishing practices, pollution, poor farming methods, deliberate habitat alteration, unchecked demand for marine resources, and rising sea temperatures all threaten the rich marine and terrestrial habitats of the KMNR – and the species and communities that depend on them.

The region's marine and terrestrial natural resources are under threat from destructive and unsustainable methods of extraction, worsened by high human fertility rates and migration. The depletion of these resources is entrenching job insecurity, formalizing the lack of employment opportunities and perpetrating poverty, which in turn fosters out-migration to urban centers in search of income. Inadequate health education and resources exacerbates this situation. The social consequences are tangibly evident in the increase in female-headed households, and in compromised health and nutritional standards. Traditional medicine also results in pressure, for instance for shark fins, and turtle meat and eggs.

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Demographic trends exacerbate the spread and impact of HIV/AIDS. Migration is a significant factor both in terms of facilitating the movement of Sexually Transmitted Infections (STIs) including HIV, and increasing exposure to external cultural influences. The depletion of natural resources has added to the insecurity of traditional livelihoods, and has prompted migratory movement in search of alternative income – the rising number of prostitutes in Lamu Town and the mainland town of Mpeketoni has been linked to the scarcity of work opportunities in rural areas.

Population Context

The population in Lamu District as a whole is growing at the rate of 2.5% per annum, with an average fertility rate of 6 children per woman². Other statistics are shown in the table below.

○ Infant mortality rate:	72/1000
○ Childhood mortality rate:	133/1000
○ Crude birth rate:	44.5/1000
○ Crude death rate:	11.4/1000
○ Life expectancy:	57.2 yrs
○ Women in polygamy:	8.5%
○ Contraceptive acceptance rate:	7%

Bajuni women in Kiunga District have frequently identified contraception as their major health concern. They recognize the value of safe sex, fewer children and improved rights, and are keen to gain access to contraceptive information and supplies.

The vast majority of the Kiunga population are of the Islamic faith. Contraception is a complex issue in Islamic culture, and disparate attitudes play an important role in determining the nature and extent of contraceptive use. Women tend to have the casting vote in family planning decisions, but the latter are hampered by confused, and often negative, perceptions of contraception amongst the men. Male education must be made a priority in any future reproductive health interventions. Breastfeeding is the most common and accepted method, while the oral pill and the contraceptive injection have been adopted as relatively inexpensive and convenient – and, in some cases, relatively simple to conceal from reluctant husbands. In contrast, condoms are virtually non-existent in the area. There is widespread stigma and distrust attached to condom use. Condoms are associated with prostitution and promiscuity, and use within a marriage would be interpreted as a sign of infidelity. There are doubts about their effectiveness both as a contraceptive, and as a barrier against STIs. Not least, they are thought to diminish sexual pleasure for both men and women.

Most women give birth at home with the assistance of traditional birth attendants (TBAs), and only seek medical help if there are complications. The remoteness of the area, and

² Lamu District Hospital data. It is reasonable to assume that the rates for rural areas are proportionally higher.

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the complexity of communication, mean that the welfare of the mother and child are seriously compromised in emergency situations.

Funds and logistics have not allowed the expansion of government supported antenatal and family planning services to the Boni. The latter live in isolated communities in the Boni and Dodori forests and have had limited exposure to health and educational resources. Mobile clinics, now operated by the African Medical and Research Foundation (AMREF) with USAID funding, are the only health services available for the Boni. The only health facility in the area was ransacked by Somali bandits and has not been operational for a couple of years. The Boni method of birth-spacing is to separate the new mother from her husband until the child is 1-1.5 years of age.

The existing population is already overusing natural resources and causing environmental degradation. A further increase in population under current conditions will exacerbate the problem. Provision of reproductive health services is essential to prevent this. Hand-in-hand with reproductive health, more sustainable resource management programs are needed, along with promotion of alternative and sustainable livelihoods.

The relative isolation of the Boni has prevented any form of education and awareness on reproductive issues. There is minimal knowledge or practice of contraception and the Boni, and the Somalian refugees in Kiunga, continue to perform FGC (Female Genital Cutting) on young girls in unhygienic conditions and with unsterilized instruments. Kiunga division absorbs seasonal in-migration in the form of fishermen from Somalia, and from the Kenyan urban centres of Lamu, Malindi, Mombasa and Kizingitini. The latter, having exhausted the fishing stocks in their own areas, are attracted by the relatively healthy stocks of fish and crustaceans in Kiunga – a situation which is rapidly changing as the marine resources are subjected to increased and unsustainable levels of extraction. The fishermen commonly spend a few months in basic fishing camps on the islands, and while their interaction with the locals is more economic than social, some of the fishermen do maintain local relationships or wives.

In FY2004, WWF partnered with AMREF to initiate a population-environment project in the Kiunga area. In the first year after the work plan was approved in March the project held meetings with local leaders to raise awareness of the project and family planning issues; initiated mobile clinics by boat to some of the island communities; trained nurses in the Reserve as trainers for reproductive health and trained women's groups; and stimulated dialogue with stakeholders about the relationships between population, health and environment. The reproductive health work is being integrated with more general health work funded by Johnson and Johnson, which is being implemented with the Ministry of Health. Johnson and Johnson have now committed to funding the project for a second year.

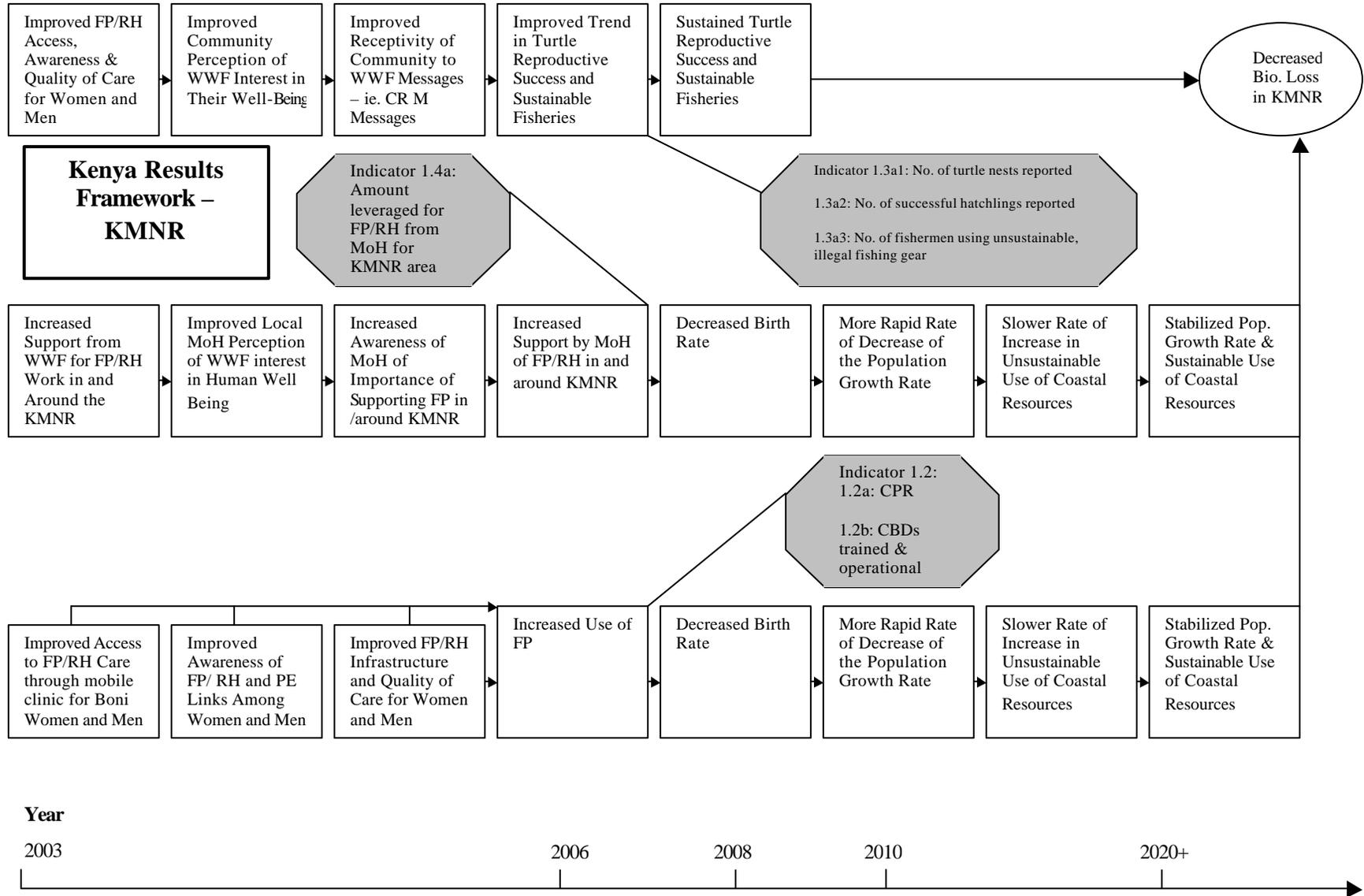
Results Chains

The Kiunga, Kenya PE Project recently developed results chains to relate FP, RH, and integrated PHE interventions to conservation outcomes. These results chains have been

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used as the foundation for the Performance Monitoring Plan. The Results Framework for the PE interventions in Kiunga is included on the following page and will be submitted to USAID with the Performance Monitoring Plan for the “Successful Communities from Ridge to Reef” Project.

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Project Goal

To reduce population growth in priority areas in and around the Kiunga National Marine Reserve, in the East Africa Marine Ecoregion, in order to promote sustainable natural resource management and improve local livelihoods

Project Activities

Objective 1: To increase awareness and adoption of family planning and reproductive health

Level of Effort: \$21,523

USAID: \$21,523

Other sources: *\$0 for reproductive health; \$11,100 for other health awareness and adoption from Johnson and Johnson*

Levels of reproductive health awareness vary dramatically across the area, depending on access to health and education facilities, and health personnel. As in FY2004, program activities will continue to focus primarily on those communities whose health services and awareness are relatively inferior, while continuing to support and reinforce existing health activities elsewhere in the reserve. For example, in FY2004 the extension of mobile health services to inland Boni communities began to tackle the issue of low levels of reproductive health awareness, and in FY2005 levels of reproductive health awareness will be raised significantly. Meanwhile, the relatively sophisticated health activities and infrastructure of Kizingitini, on Pate Island, demands significantly less input from the program. The island communities to the south of the KMNR currently utilize the health resources of Kizingitini town, but in FY2005 will continue to be a target area for awareness activities. Lamu Island is well served by the hospital and a network of clinics, and is not be covered directly by this program.

Although WWF and AMREF have begun activities to improve sensitization about family planning, disparate gender attitudes towards family planning will be challenging to change: local women are keen to access both contraceptive information and supplies, while men tend to profess skepticism about the ethics and/or effectiveness of contraception. Some regard contraception as anti-Islamic. An encouraging precedent is set by a pilot health project in the Quirimbas National Park in Mozambique, where religious leaders now promote the distribution and use of condoms. Male sensitization, and the support of religious leaders, both of which the project has begun to try to address, will be crucial components of a successful reproductive health program over the next two years of the project and beyond.

In FY2005, an adolescent focus will also continue to inform many of the program's activities. Youth are especially vulnerable to the causes and effects of risky reproductive behavior. They are the generation most impacted by early marriage and pregnancy, and harmful abortion and circumcision practices, and are especially vulnerable to the HIV/AIDS pandemic and other STIs. The lack of livelihood opportunities in the remote

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area of Kiunga encourages migration, and there is evidence that the associated trends of drug abuse and prostitution are rising in neighboring urban centers.

Activity 1.1: Implementation of integrated reproductive health education program and promotion of reproductive health activities

- AMREF will continue the promotion of open discussions and joint-decision making between partners on reproductive health issues. This includes community meetings focused on reproductive health concepts (to promote awareness of natural and scientific forms of contraception, including male and female condom demonstrations, the benefits of smaller families and family spacing, responsible sexual behavior and STI prevention, disadvantages of early marriages for girls, and improved maternal and child nutrition and health care). WWF and Kenya Wildlife Service (KWS) staff who are based in the Reserve will continue to be targeted with reproductive health information and access to condoms.
- AMREF will continue to hold education fora for women and adolescent girls and boys which will focus on knowledge of reproductive cycles and corresponding implications for birth control and sexual health. This approach will improve the effectiveness of both traditional and modern birth control options (AMREF).
- WWF will continue to gather and disseminate educational materials through its Conservation Education and Awareness program.
- WWF will continue working to integrate reproductive health issues and related environmental education on natural resource use into local school curriculums, madrassas, community group meetings and Friday sermons at the mosques (which will ultimately be linked with the existing Conservation Education and Awareness activities of WWF).
- Integration of HIV/AIDS and other STI prevention and treatment issues into RH education (with Johnson and Johnson funding)

Anticipated Results:

- Increased awareness of reproductive health issues through enhanced education programs
- Increased percentage of people aware of at least two methods of family planning
- Improved awareness among women and adolescent girls of the female reproductive cycle
- Increased participation in youth fora and activities, and increased awareness of safe reproductive health practices
- Increased awareness of responsible sexual behavior
- Reduction in stigma and myths associated with (male and female) condom use.

Activity 1.2: Provision of integrated reproductive health and family planning

- Education workshops and meetings will be continued, to give advice on contraceptives and counseling across the cross-section of age, gender, professional and tribal groups, through the following channels (as appropriate to location): the existing network of health clinics, family planning workshops, or as an extension of mobile clinics (AMREF).

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- Contraceptive provision will be undertaken through a variety of appropriate outlets, which may include static and mobile clinics and dispensaries, community health workers, and (for condoms) dispenser boxes (AMREF and WWF).
- Reproductive health referral system will be supported, which will utilize the relatively sophisticated health resources in Lamu, Kizingitini, Faza, Ndau and Kiunga in situations of emergency.

Anticipated Results:

- Increased number of new and repeat family planning users. The contraceptive acceptance rate among the communities is currently estimated at 7%. The program aims to initiate a steadily improving rate to meet unmet need.
- Improved access to contraceptive supplies and advice
- Increased male and female condom use
- Increased use of family planning methods by youth
- Increased responsible sexual behavior

Activity 1.3: Provision and promotion of ante-natal services

- Ante-natal check-ups will be supported in designated clinics, or service delivery points by trained personnel
- Tetanus vaccinations will be provided for pregnant mothers
- Nutrition advice will be provided for pregnant & lactating mothers, and their infants. Many of the women show signs of iron-deficiency, while infants are highly susceptible to diarrheal diseases.
- Newborn and infant check-ups and immunization services will be provided.
- Improvement will be made in the existing delivery facilities and promotion of the benefits of delivery there.

Anticipated Results:

- Increased numbers of women attending ante-natal check-ups
- Increased numbers of health centers and personnel offering ante-natal services
- Improved awareness and adoption of optimum nutrition practices among women
- Increased numbers of new-borns and infants benefiting from check-ups and immunization services
- Improved awareness of the benefits of giving birth in designated delivery facilities, rather than in the home, and increased numbers of women adopting the former course.

Objective 2: To improve institutional and infrastructural capacity for provision of quality curative and preventative health care

<i>Level of Effort:</i>	<i>\$13,743</i>
<i>USAID:</i>	<i>\$1,743</i>
<i>Other sources:</i>	<i>\$12,000 (Johnson and Johnson)</i>

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Existing direct health resources in Kiunga include a network of health centers and dispensaries on the mainland and islands, but they are sparsely dispersed and inadequately staffed and equipped. However, since the start of the project, as a direct result of WWF's engagement in this population-environment project, the Ministry of Health has now placed five new nurses into health centers in previously understaffed areas. Due to poor transport methods supplies of medical drugs and equipment also are erratic, but AMREF was able to leverage funds from non-USAID sources to provide much needed health equipment and supplies for their mobile clinics.

Until the renewed operation of AMREF's mobile clinic, the Boni communities were especially excluded from health resources. They also demonstrate correspondingly low levels of awareness and adoption of reproductive health services. AMREF and WWF began working to improve awareness in FY2004 and will continue this effort in the remaining two years of the Project. Other priorities in FY2005 will be the continued improvement of health infrastructure and equipment, the expansion and enhancement of training for health services and staff, and improvement of the supply flow of medical resources.

Activity 2.1: Physical improvement and equipment of health-related infrastructure

- Support will be provided to the MOH's current efforts to renovate existing MCH clinics.
- Medical equipment and supplies will be provided and used effectively.
- Capacity of existing health facilities to offer family planning services will be increased.
- Shallow wells and latrines will be constructed to service the clinics.

Anticipated Results:

- Increased effectiveness of health infrastructure
- Increased number of sites providing family planning services
- Improved water hygiene and sanitation leading to subsequent positive impact on the health of mothers and children, and on the wider community.

Activity 2.2: Continuation of mobile reproductive health services to the remote and migratory Boni communities

- Mobile services will continue to incorporate family planning; reproductive health education and counseling elements; ante-natal services; nutrition advice; STI education including HIV/AIDS (the latter funded by Johnson and Johnson)

Anticipated Results:

- Increase in number of Boni with access to health resources
- Increased numbers of Boni demonstrating awareness of family planning and reproductive health issues
- Increased numbers of Boni adopting modern family planning
- Reversal of current trend of high infant mortality, and reduction in maternal and infant morbidity

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Activity 2.3: Continued improvement of transport and communication channels, to maximise effective distribution of contraceptive supplies, medicines, vaccines etc.

A project-financed vehicle will be delivered in early FY2005 and put into service. In FY2005 the project will continue:

- Formalization of agreements with Air Kenya and boat services to guarantee deliveries
- Regular servicing of health vehicle in order to guarantee efficient and safe operations.

Anticipated Results:

- Regular and reliable distribution of contraceptive supplies, medicines, medical kits, vaccines etc.
- Safe and dependable vehicle for transport around the reserve
- Reliable channels for medical evacuation in emergency situations

Objective 3: To improve community capacity for reproductive health by changing behavior and practices

Level of Effort: ***\$19,801***

USAID: ***\$19,801***

Other sources: ***\$\$0 directly for reproductive health; \$12,000 from Johnson and Johnson for improving community capacity for health in general; \$12,500 from a private donor (Singer Rankin) for an educational scholarships/natural resource education program***

A participatory approach to healthcare emphasizes capacity-building through participatory training, and aims to forestall donor dependency by creating community-led momentum. The program has begun to identify Community Based Distributors of contraceptives and female group leaders from the area and provide them with training. The Community Based Trainer (CBT) system provides basic preventative and curative health care, diagnosis and management of common diseases, teaching methodology, proposal and constitution writing, and base-line surveying. Also identified and trained as Trainers were health workers from project area health facilities. Training courses are designed and run by AMREF and will continue in FY2005.

Diverse interest groups within communities (e.g. youth/students, women, fishermen, community leaders and teachers) will be trained to run reproductive health and HIV/AIDS discussion and awareness forums. Increasing the capacity of local community members to take charge of their health infrastructure, and to frame the issues within their cultural context, is critical to sustainability in this isolated area.

The development of village health committees will be based on the community health club model, which promotes participatory and grass-roots health education and initiatives. Pilot projects in Zimbabwe and Sri Lanka have demonstrated that the community approach leads to improved health knowledge and long-term positive

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behavior change. In the reproductive health context, the health clubs will provide a forum for the dissemination of information, and the adoption of community-filtered initiatives.

The village health groups/clubs will take the lead in teaching family and friends on behavioral change including use of family planning methods. The approach will prioritize the integration of different elements of reproductive health and their different targets (men, women and adolescents). Thus family planning, mother-child care, safe motherhood initiatives, sexually transmitted infection care, HIV prevention, AIDS management and stigma elimination, will continue to be covered.

Activity 3.1: Continued training for community health workers (CHWs)/volunteers in reproductive health and related areas

- Formation of a Community Health Club (CHC) in each village, built on the existing *Usafi/Afya* (health/hygiene) model is planned. In FY2004, the *Usafi/Afya* groups disintegrated because self-motivation of groups was lacking. WWF discovered that groups required continuous motivation to continue with environmental clean-up work. Efforts are still in place to form the health clubs because enthusiasm for the clubs is high. However, the groups will require support and incentives, before the benefits of a self sustaining group are visible.
- Community health workers (CHWs) were identified in each target community in FY 2004, however the project has encountered some delays in implementing training and operationalizing volunteer activities, because of volunteers requesting remuneration for their effort. Local health personnel will continue their dialogue with other stakeholders in the area who are providing incentives to health volunteers and continue to seek creative solutions to this challenge.
- CHWs will encourage participation in the health clubs; to raise awareness of reproductive health issues including maternal and child health; to promote basic hygiene, nutrition and health-maximizing behavior; to diagnose and manage common diseases; to educate communities on malaria-risk situations; and to promote use of mosquito nets and repellents

Anticipated Results:

- Community Health Clubs to be up and running within the first six months-
- Trained and committed CHWs in each village
- Cross-section of community members active in CHC activities
- Evidence of positive behavior change in communities (manifest in, for example, increased adoption of contraceptive methods; improved hygiene and sanitation; improved food practices; increased use of mosquito repellent and nets).

Activity 3.2: Supplementary training for existing health personnel in reproductive health related areas

- In FY2004, existing health personnel were trained in the concept and management of reproductive health issues. Staff will continue to receive this type of training in FY2005.

Anticipated Results:

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- Maximizing of staff potential, and improved effectiveness of reproductive health services

Activity 3.3: Training of 30 Traditional Birth Attendant)

It has come to WWF's attention that national policy changes in Kenya related to the Traditional Birth Attendants (TBAs) may require updates in the workplan for the remaining two years of the Project.

TBAs represent a vital resource to women of remote communities, who traditionally deliver their babies at home, and who would otherwise have little or no access to pre- and post-natal care. On average each village contains 2-3 TBAs, but their knowledge and experience vary. For example, TBAs in the town of Kizingitini and Faza have benefited from a two-week training program operated by the Ministry of Health, while the TBAs in Boni communities rely on knowledge from their predecessors, and have little or no exposure to modern approaches to childbirth.

A training program will aim to bring all existing TBAs to a minimal standard of knowledge (to be identified by AMREF and the MOH), and to recruit and train TBAs in communities where they are currently under-represented. The most effective approach will integrate traditional perspectives on childbirth with 'modern' pre- and post-natal methods.

- To continue training all existing TBAs in ante-natal advice; safe and hygienic delivery; identification and referral of complications; pre- and post-partum care; and maternal and child nutrition and welfare
- TBAs in under-represented communities were identified in FY2004; In FY2005, these TBAs will also be trained in the above methods.

Anticipated Results:

- Improved knowledge and effectiveness of existing TBAs
- Recruitment and training of TBAs in under-represented communities
- Improved antenatal clinic attendance including the Boni communities
- Improved coverage of TBAs across the Reserve and immediate environs, including the Boni communities

Activity 3.4: Training of gender groups and youth groups

- Sensitization of gender and youth groups in reproductive health issues through a series of workshops and promotion of subsequent health-oriented group activities and discussions (see Activity 1.1), continues as in FY2004.
- Promotion of gender-awareness and female empowerment. Several established WWF initiatives have positively influenced community perceptions of female capacity. For example, the Education Sponsorship Scheme, an offshoot of WWF's Conservation Education and Awareness Program, has positively impacted on the attendance of girls at both primary and secondary school. The Eco-Friendly Handicrafts initiative has not only provided women with an independent source of income and promoted a sense of self-esteem, but has given them a valid voice within the community. Reproductive health activities will aim

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to build on the former achievements. Increased knowledge of health issues equates to informed decision-making, and will empower the women and youth to take control of their own reproductive health status.

Anticipated Results:

- Women and youth involvement in health workshops and activities (linked with the activities of the Community Health Clubs)
- Increased accessibility to reproductive health care
- Increased peer group information transfer
- Subsequent women- and youth-initiated health activities and discussions
- Greater female and youth participation in decisions that affect the community and their own welfare

Activity 3.5: Creation of links with voluntary health personnel willing to train and capacity-build in the communities

- Involvement of local, national and/or international health personnel who are willing to invest their experience in the area

Anticipated Results:

- Transferal of skills to community health workers, and consequent community capacity-building

Objective 4: To promote the sustainable use of natural resources, and to secure the long-term welfare of the area's habitats, species and communities.

Level of Effort: \$77,858

USAID Pop-Env: \$25,828

Other sources: \$52,030 including USAID's Global Conservation Program

Geographically isolated and lacking access to basic healthcare and livelihood avenues, local communities in Kiunga follow cultural traditions and have few opportunities to improve economic, health and environmental conditions. With a growth rate estimated at 5-6% per year including in-migration, the coastal population in East Africa is growing faster than any inland area and subsistence needs have become increasingly difficult to satisfy. This has a major influence not only on the livelihoods and well being of the coastal population, but also on the marine biodiversity and resources of the coastal seas as well. People are forced to compromise the frequency and methods of harvesting resources, which has created a spiral of intensifying natural resource exploitation and a related downturn in living conditions throughout the region.

The continuing improved health, reduction of the population growth rates, and introduction of more sustainable agriculture and natural resource practices in communities in Kiunga will enable communities to adopt less compromising methods of natural resource use. This will have a positive impact on the biodiversity of Kiunga.

Communities will demonstrate the capacity to monitor and evaluate their own resource use, and to make decisions towards sustainability of natural resources.

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Activity 4.1: To mobilize and sensitize community on environmental health issues

- Support and expansion of existing WWF Conservation Education and Awareness activities will continue, including workshops, debates, training sessions and exchange visits to linked projects
- Community participation will continue to be promoted in environmental research and monitoring activities. In FY2004, community members were involved in data collection on fisheries and crustacean stocks, turtle patrols and coral reef surveys. However, health issues are of great concern in the KMNR area, and WWF's involvement in provision of basic health services is beginning to create more goodwill within communities. It is anticipated that this goodwill will encourage more people to get involved in environmental conservation activities that are carried out within the KMNR.

Anticipated Results:

- Education leads to informed decision making, and subsequently, evidence suggests, to reduction in family size
- Reduced pressure on natural resources due to improved health status of communities, and increased adoption of non-destructive livelihoods
- Increased ability of women to participate in natural resource management due to improved health
- More sustainable use of natural resources by women
- Conservation practitioners in Kiunga area enabled to effectively analyze population situations and implement or coordinate collaborative reproductive health projects

Activity 4.2: To work towards the long-term welfare of the area's habitats and species

- Support and expand the existing conservation and environmental education activities of WWF

Anticipated Results:

The following correspond with long-term habitat and species objectives of WWF:

- Reduction in deliberate and incidental actions leading to impoverishment of the area's species and habitats
- Sustainable human interaction with natural resources (for example, the sustainable harvesting of mangroves, and decreased charcoal burning)
- Healthy populations of the area's species and habitats (priorities include turtles and dugongs among the species, and corals, seagrass beds and mangroves among the habitats)
- Decreased coastal erosion, beach pollution and forest clearance
- Increased community participation in turtle team, fisheries groups and environmental health groups
- Decreased harvesting of natural resources for markets, eg. coral, shells, shark fins, turtle eggs

Activity 4.3: To conduct a socio-economic survey among the local communities

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The preliminary health and natural resource assessment study was delayed in the first year of the project due to delayed funding and identification of a suitable consultant. A consultant has been identified and this activity will be completed in FY2005. The assessment aims to provide more detailed understanding of reproductive health issues of Bajuni and Boni communities in and around the reserves, and of the status and trends of natural resource use. It will help to determine linkages between population and environment, and determine priorities for some of the activities in this project. It will identify unsustainable natural resource and land use practices that are currently threatening Kiunga's biodiversity, and also indicate trends in escalating use. This information will form a baseline for the reproductive health and natural resource activities, and will also provide valuable inputs for the rest of WWF's Kiunga conservation program. Prioritization of the major issues and identification of the most limited resources will provide a sound basis for developing mitigating strategies and identification of alternatives. The environmental education program in turn can convey messages about best practices and solutions to these problems. The survey will use participatory rural appraisal techniques, and the communities will be involved in identifying solutions to their problems.

Anticipated Results:

Baseline data on:

- Socio-economic and gendered composition and activities of communities
- Reproductive health status of communities, their perceptions of reproductive morbidity and the nature of interactions with existing health resources
- Nutritional status and practices of communities, and access to food resources
- Existing community infrastructure and resources (including quality of, and access to, health resources)
- Community interaction with natural resources
- Culturally-specific practices, beliefs and taboos

Monitoring & Evaluation

Monitoring and evaluation (M&E) plans have been developed for this project with AMREF, and will be further honed at the Strategic Planning workshop that will take place in Bangkok, Thailand in November 2004. Support for this will be provided by Cara Honzak, the Washington, DC based Population-Environment Fellow. The final M&E plans will draw on AMREF and WWF's M&E experience and methodologies in their respective fields. It will also draw on existing experiences of population-environment projects around the world, including Madagascar and the Philippines, and the planned work of the M&E group of the Community Conservation Coalition in Washington DC. Likely population indicators are listed below: environmental and linked indicators will be selected during M&E planning.

Long-term indicators:

- Fertility rate
- Maternal mortality rate

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- STI infection rates.

These will be verified through district health records, project reports and evaluations.

Within the timeframe of the project:

- Number of new family planning users
- Number of repeat family planning users
- Number of sites providing family planning services
- Number of people trained in family planning
- Successful collaboration among all project partners for delivery of reproductive health services
- Percentage of people aware of at least two methods of family planning
- Decrease in malnutrition-related disease in children and pregnant women
- Number of women involved in decision making for natural resource management

These will be verified through:

- Health facility records
- Workshop reports
- Site visits
- Project reports and evaluations
- Local surveys
- Minutes from meetings.

Financial Sustainability

The District Ministry of Health is a key partner in this project. Cognizant of the fact that they do not have the capacity to address all of the local health problems, the MOH has expressed great enthusiasm for working with the proposed partners in this reproductive health project. In the first year of the project, they already demonstrated strong commitment to a cooperative relationship with WWF and AMREF by seconding one staff to AMREF and staffing existing health facilities with skilled staff. The MoH also maintains a supply of drugs for facilities in the project area and are working on improving supervision and monitoring of project activities. The MOH will continue to supply drugs and contraceptives to the project. Furthermore, some of the District MOH staff will continue to incorporate project activities into their regular workload, thus increasing the probability of activities being sustained beyond the funding period. Efforts to ensure supplies from national family planning programs and distribution networks in Kenya will continue.

Arrangements for sustainable funding of operating costs will be sought in this second year of the project, to ensure sustainability once it ends. Consideration may be given to establishing community-run and funded health dispensaries, based on the model of Faza Island (just south of Kiwayu Island). There the villagers sell medical supplies for a small profit to those who can afford them, and give supplies free to those who cannot. The profits have been ploughed back into other community initiatives, including health and agriculture.

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Sustainability will also be promoted by working with existing community structures and ensuring community leaders and other local community members are involved in the establishment of any new structures. Involving community members in all project activities from the very outset instills in them a sense of ownership. Once this is achieved, community members take enormous pride in sustaining the results of their own hard work.

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Table indicating Office of Population core activities for Kenya:

Activity	FP/HIV links	Adolescents	Post-abortion care	Contraceptive security	Maximizing access/quality	Population-environment	Gender	Female genital cutting
Activity 1.1		X				X	X	
Activity 1.2					X	X	X	
Activity 1.3						X	X	
Activity 2.1						X		
Activity 2.2						X		
Activity 2.3				X		X		
Activity 3.1						X		
Activity 3.2					X	X		
Activity 3.3						X		
Activity 3.4	X	X				X	X	
Activity 3.5						X		
Activity 4.1						X		
Activity 4.2						X		
Activity 4.3	X	X	X	X	X	X	X	

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4 PHILIPPINES

Project Overview

Introduction

Encircled by the populace of three developing nations (Indonesia, Malaysia and the Philippines), the Sulu Sulawesi Marine Ecoregion (SSME) is a plethora of marine biodiversity. The SSME has over 400 known species of marine algae, 476 species of corals, 16 species of seagrasses, five of the seven species of sea turtles in the world, 23 species of marine mammals, and hundreds of high-value fish used for food and commerce. Amazingly, recent surveys of the Sulu Sea have led to the preliminary description of 24 species of sharks and rays that are believed to be previously unknown to science (confirmation is pending full taxonomic analysis).

The marine resources of the SSME are critical to commercial fisheries and the livelihoods of over 35 million coastal people. The coastal population density in this region is among the highest in the world. Valuable commercial food fish species include yellowfin, skipjack, and big-eye tuna, snapper, and groupers. The sustainability of the ecoregion's biodiversity, ecological processes, economy, and livelihoods for coastal peoples is completely dependent on maintenance and restoration of a healthy and productive marine ecosystem. Several priority conservation areas play a particularly important role in this regard. For example, Tubbataha Reef in the Sulu Sea is estimated to provide larvae that populate the Sulu Sea translating to \$2.5 million annually in fisheries harvests (White, 1997).

The SSME Program has facilitated the development of the SSME Conservation Plan (ECP), which represents the collective effort and commitment of the stakeholders to biodiversity conservation of the SSME. This commitment was formally highlighted through the adoption by the three countries of the ECP through the signing of the Memorandum of Understanding (MOU) during the Conference of Parties of the Convention of Biological Diversity in Kuala Lumpur in February 2004. The MOU expressed that there is clear recognition that marine species and fish stocks disregard political borders, and that if marine resources are to provide food security and livelihood security for the coastal communities that depend on them, then coordinated efforts will be necessary to protect, restore and rehabilitate these resources,.

Population Context

The SSME is a major geopolitical focus, with large coastal populations, high population density, rapid population growth, porous borders, transmigration, and illegal fishing -- all contributing to environmental degradation. Population growth rates in the SSME are now greater than 2% per year, with expected doubling by 2035. The exponential growth of these populations, coupled with widespread poverty, increasing international market demand and rapid technological changes is fueling rapid depletion of natural resources in

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the SSME, that market forces alone are incapable of repairing. All this is compounded by inefficiencies in governance and a lack of awareness and/or acceptance of some laws among local populations, particularly in parts of the Philippines and Indonesia. These key root causes all contribute to illegal practices and corruption, and are resulting in severe resource depletion and degradation of water catchments, river, lacustrine, estuarine, coastal, and marine ecosystems. The persistence of high population growth rates, resources depletion and environmental degradation means that much remains to be done in the next few years in the area of population and natural resources management plans and policies.

The proposed project builds on existing conservation initiatives in priority conservation sites in the SSME where multiple population and environmental impacts and their root causes have not been integrated in the planning and implementation of conservation initiatives. Methodologies and tools that have been demonstrated in other areas will be assessed in terms of creating synergies and woven into conservation initiatives in local sites. Synergies between the local conservation efforts and family planning interventions will be integrated into the local conservation and development planning agenda for the area.

The project has chosen one site among the 56 priority conservation areas in the SSME and the selection was based on the biodiversity significance, population issues affecting advancement of the conservation agenda in the area, presence of on-going conservation projects in the area, commitment of local government to address family planning issues and population impacts on the conservation of marine biodiversity, and the presence of partnerships that link conservation and population/health interventions. The site selected lies in the Philippines, where more than 28 million (or 80 percent) of the 30 million coastal people of the SSME reside, where population densities in coastal areas are as high as 212 persons per square kilometer (in comparison to 185 persons per square kilometer in non-coastal communities) (NSO, 1996), and where the responsibility for population and health services planning has now devolved to local level governments.

The site selected for the population-health-environment (PHE) initiative is Roxas, Palawan. The town of Roxas has 31 barangays and a population of 47,242, and of the 31 barangays, 17 barangays are found in the coastal areas. Roxas is part of the Linapacan-Taytay-Dumaran priority conservation area in the SSME. It is located at the northeastern end of main island of Palawan. The area has dense mangroves, extensive seagrass beds and diverse fringing reefs and numerous shoals. Numerous species of small pelagics and tuna feed and breed in the area, dugongs feed on *Halphila ovalis* and breed on the extensive seagrass beds, and whale sharks and manta rays feed there too. Other species of sharks and Napoleon wrasse have also been observed. Meanwhile, species of turtles and dugongs and their habitats are severely threatened, and studies are underway in Roxas to determine to what extent other species and habitats are also threatened. Known threats to the biodiversity and resources are mainly the result of high-density human populations and weak management of marine resource. The area is a major fishing ground and habitat destruction and siltation are prevalent. Local populations and large vessels from outside of the area are regularly known to use cyanide poisoning and dynamite. The practices

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have led to extensive coral reef degradation and destruction, and over time the destructive methods of fishermen have become increasingly sophisticated.

Recognizing that rapid population growth and weak marine resource management are leading to rapid depletion of coastal resources in the SSME, WWF-Philippines took its own initiative in 2004 and signed a Memorandum of Agreement (MOA) with an organization that has an exceptional reputation in family planning and reproductive health and which is now implementing an action-oriented research project throughout the Philippines on integrated population-health-coastal resources-- PATH Foundation Philippines Inc. WWF and PATH-Philippines immediately began planning for integrated population-health-environment projects in the in WWF-areas such as Tawi-Tawi, Philippines. WWF also identified the Roxas area as the next high priority site for integration. With a population growth rate of 2.6 percent and high population density in its coastal zones (Roxas Mun. Government Records), Roxas provides extremely poor access to FP supplies and RH services for its residents, and future supplies are not guaranteed. Midwives in the area regularly cite high demand and low supply as a persistent problem, and in some sites men and women have begged WWF to support them for long term sterilization due to the inconsistency of FP supplies. Most of the coastal areas also have poor roads or lengthy journeys by boat linking them with the city center and there are few municipal health workers. Resources and capacities are insufficient to serve the needs of people in the 31 barangays and therefore residents lack regular access to reproductive health providers and midwives.

Partnerships

The Local Government Unit (LGU) of Roxas has expressed to WWF the need to address the issue of population and health in conjunction with existing biodiversity conservation efforts. The LGU has also demonstrated its commitment to developing sustainable and high quality FP/RH services, but requires capacity building and support to reach its objectives. Over the last year, the government carried out a municipality-wide participatory planning and assessment process with communities that identified FP and RH as a high-priority need. WWF was involved in the assessment process and is now interested in helping the government and communities to meet their FP/RH objectives while also integrating marine resources management and awareness into population and environment planning.

The MOA that WWF-Philippines and PATH Foundation Philippines Inc. have entered into pursues several areas of collaboration including: 1) data and information sharing, specifically IEC and training materials on relevant topics, 2) IEC activities to disseminate conservation and reproductive health information, issues and concerns; 3) joint planning activities relative to reproductive health, migration, population management and gender and HIV/AIDs as they relate to conservation and sustainable development; 4) identification and strengthening of community-based groups on integrated conservation and reproductive health initiatives and 5) development of local policies and plans to integrate conservation and reproductive health in the local development agenda. Discussions will be continued with PATH to involve them in this project, likely to be in

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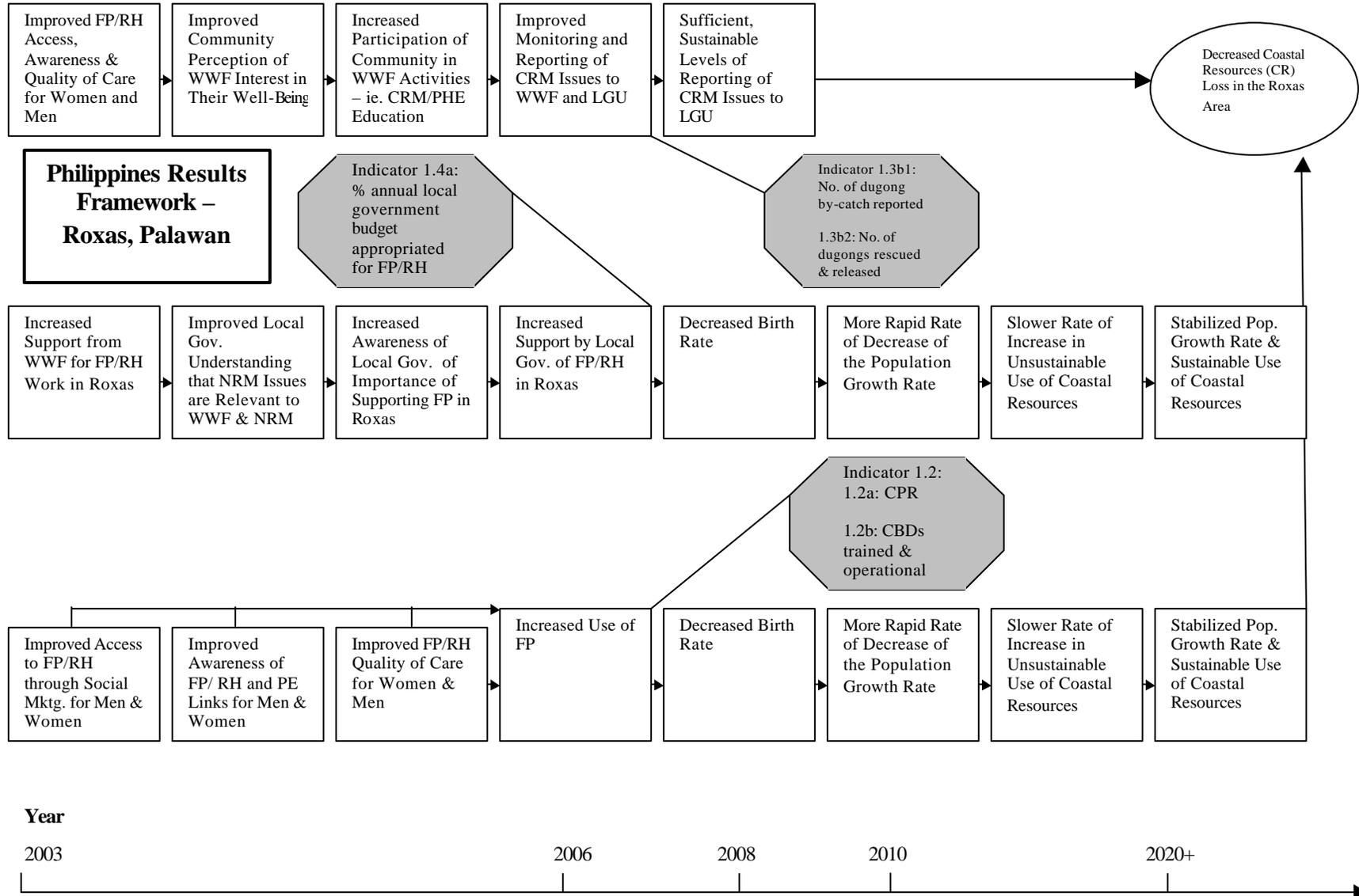
training of health workers to build capacity in local government and communities to enhance effectiveness and sustainability of the project.

WWF-Philippines and PATH will also collaborate with contraceptive social marketing company DKT International to improve consistency and sustainability of contraceptives distribution in the Roxas area. DKT International is currently providing service in other parts of the Philippines but has not yet expanded into the Roxas area. Furthermore, PATH has successfully worked with this company throughout the Philippines to improve the distribution of contraceptives in coastal communities.

Results Chains

After attending a strategic planning workshop in Bangkok in November 2004, the Philippines PE Project recently developed results chains to relate FP, RH, and integrated PHE interventions to WWF conservation outcomes. These results chains have been used as the foundation for the Performance Monitoring Plan. The Results Framework for the PE interventions in the Philippines is included on the following page and will be submitted to USAID with the Performance Monitoring Plan for the “Successful Communities from Ridge to Reef” Project.

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Project Goal

The overall goal is to ensure sustainable natural resources management in priority areas of the Sulu Sulawesi Marine Ecoregion by addressing threats to population aspects

Project Activities

Objective 1: To improve FP, RH, coastal resources management and PHE knowledge and awareness among coastal communities, and build capacity

Level of Effort: \$ 55,516

USAID: \$ 52,016

Other Sources: \$ 3,500

Activity 1.1: Update baseline information and participatory analysis of PHE issues

A consultant will be commissioned to undertake a participatory assessment of the FP supply chain, RH service and knowledge, attitudes and practices related to FP/RH, and PHE in seven target coastal barangays (with an aggregate population of 16,800 based in 2000 National Statistics Census). The communities (i.e. LGUs, health workers) and the project team members will be involved in the planning and implementation of the participatory assessment. The Community Development Officer and Research Assistant of the project will coordinate activities with community stakeholders, be trained on participatory assessment tools (either by coaching from the consultant or attendance to the trainings conducted by Path-Philippines) and be involved in the assessment.

Anticipated Results:

- Project staff and community partners are familiar with participatory assessment methods and tools and have the ability to lead participatory community assessments of FP/RH/PHE issues
- Updated information on PHE issues and resources available and fed into the identification of PHE activities
- Information on current supply chain, service delivery and use and knowledge of FP/RH/PHE knowledge, attitudes and practices enable successful partnership development among the LGU, Private and Not-for-Profit (WWF) Sectors

Activity 1.2: Organize barangay level meetings to present the results of participatory assessment to the project stakeholders and review/ act on the recommendations provided in the report

Following the completion of the participatory assessment, the consultant will present the findings, results and recommendations to the stakeholders in two community meetings. The Community Development Officer of the Project will work with the municipal and barangay LGUs to organize the meetings with the stakeholders. Stakeholders from the seven target barangays will be represented in these meeting-presentations. Feedback, questions and comments of the stakeholders on the consultant's report will be taken up during this meeting.

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Anticipated Results:

- Common understanding and concurrence among stakeholders on the PHE issues to be addressed by the project
- Baseline data on population collected for seven barangays
- Target population for PHE promotion identified and mapped
- Community based activities related to health, population and environment alternatives concerning the target villages are identified

Activity 1.3: Identify and recruit community-based development agents for FP/ RH mobilization

Through the assistance of the municipal and barangay health workers, the Project will identify and recruit community based agents who will include volunteer municipal and barangay health workers and traditional healers (referred to as *hilots*). These agents will work with the project team to identify common terms of reference of their engagement during the Project, knowledge and skills they have, or those that need to be enhanced. The project team will also carry out an assessment of their communications techniques and knowledge and skills training that they need to carry out PHE work.

Anticipated Results:

- At least 20 community health workers recruited to implement PHE

Activity 1.4: Assess the capacities of the community health workers in PHE work on communications techniques

The Project Community Development Officer and the Research Officer will work with the community health workers to assess their capacities for communicating PHE and FP/RH messages. This activity will identify the training needs of the community health workers and project staff on communications techniques and PHE concepts.

Anticipated Results:

- Baseline data on the present capacity of newly recruited community health workers to assist in project implementation
- Capacity building needs of community health workers to do effective PHE work identified

Activity 1.5: Organize and develop training for the community health workers on PHE

All of the community health workers who are recruited, on a voluntary basis or assigned by the LGUs, will be trained in communications and participatory techniques and monitoring tools, and will become more proficient in applying them. When appropriate, based on the capacity needs assessment, the community health workers will participate in trainings conducted by PATH Foundation.

Anticipated Results:

- At least 20 community health workers trained on FP, RH and PHE methods
- Community health workers decreasingly need technical assistance from the project

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- Community health workers are able to use skills acquired in the trainings to participate in PHE communications

Activity 1.6: Develop and implement a monitoring tool/ system to monitor community health workers' capacities and progress of work

The project will bring together partners (i.e. municipal and barangay LGU, municipal and barangay health workers, government agencies, private sector) in meetings for coordination and planning. These meetings will be aimed at identifying the responsibilities and contributions of each of the partners and planning shared activities including service delivery, monitoring processes and indicators.

Anticipated Results:

- Community health workers are able to plan and monitor their activities
- Community health workers are monitored monthly and evaluated at the end of the project
- Clear performance criteria are known and agreed upon by the community health workers
- Number of FP users progressively increases

Activity 1.7: Develop, produce and/or identify existing resources and distribute IEC materials on PHE

A set of appropriate information, education and communication (IEC) materials on FP/RH and PHE will be produced or identified from other sources and distributed to the community health workers, pregnant women, women of reproductive age, fishermen families and LGUs. The core theme of the IEC material will be based on the results of the participatory assessment particularly identified gaps in knowledge of stakeholders about FP, RH and PHE links.

Anticipated Results:

- IEC materials on PHE are produced or identified and obtained
- Target FP/RH users are aware of FP and RH benefits and PHE links
- Increased awareness among pregnant women, women of reproductive age, youth, policy makers, fisherfolks about FP, RH, and PHE issues and the project
- Increased provision of feedback from target FP/RH users on experience/ situations, issues, on FP, RH and PHE in meetings and consultations at health centers

Activity 1.8: Show videos on PHE in community meetings and celebrations

In video-showing opportunities such as environment day, oceans month, earth day, or celebration of fiestas, the communities will be able to watch available videos related to PHE. The project, on its first year, will not be producing a video but will use available videos and show these to the communities in Roxas. The videos can be obtained from the Department of Health offices or other NGOs (like Path Foundation, Care Philippines).

Anticipated Results:

- Target FP/RH users are aware of PHE work in other areas

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Activity 1.9: Organize and conduct cross visits of community health workers on PHE within the Philippines

A cross visit of the volunteer community health workers and LGU to other communities doing PHE work in the Philippines will be organized and carried out. The cross visit will be aimed at learning approaches and systems being implemented in other communities and how these could be applied in Roxas, Palawan.

Anticipated Results:

- Community health workers demonstrate application of new or revised approaches to integrating PHE promotion based on their experience and the lessons from other PHE work outside Roxas

Objective 2: To improve access and infrastructure promoting FP/RH commodities and service delivery

<i>Level of Effort</i>	\$44,760
<i>USAID</i>	\$38,860
<i>Other Sources</i>	\$ 5,900

Activity 2.1: Identify, negotiate and forge partnership with LGUs-private sector- NGO (WWF) aimed at improving knowledge and use of FP/RH and mainstreaming PHE in local development planning

The WWF-Roxas Project Manager, with the assistance of Community Development Officers hired by the project on a full time basis will work with the LGUs, private sector, NGOs and community based organizations to forge a partnership agreement outlining the roles and responsibilities, shared outputs, counterparting arrangements, and ways to monitor progress of the partnership. The modalities of partnerships in terms of coordination and communications will also be clearly laid out in the agreement.

Anticipated Results:

- Formal partnership agreement (e.g. MOA) between LGUs – non-profit non-government organizations, fisherfolk associations and private sector (e.g. local business/ industry) on PHE program in Roxas, Palawan forged
- A shared vision among the local government units, NGOs, fisherfolk associations, and private sector on PHE work in Roxas, Palawan

Activity 2.2: Facilitate the creation of a Municipal Health Board

The project will work with the barangay and municipal LGUs in creating a Municipal Health Board. This activity will also facilitate the process of constituting the membership of the municipal health board, identifying the terms of reference of the board, organizing the board meetings, and preparing necessary documentation for the local government of Roxas to pass a municipal resolution approving the Municipal Health Board. The municipal health board will provide policy advice and direction that will be taken up by the municipal development council and the executive office. The project will also

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facilitate the preparation of work plans and help motivate a regular meeting schedule for the Municipal Health Board.

Anticipated Results:

- One Municipal Health Board established through a municipal resolution and with a clear terms of reference
- Municipal Health Board has developed an appropriate work plan and has begun to implement the work plan

Activity 2.3: Facilitate the creation of commodity distribution outlet in each barangay and establishment of an appropriate system of management and monitoring

This activity entails a feasibility study (technical, organizational, management and financial) of establishing community distribution outlets of FP/RH commodities in each of the 7 barangays. The consultant who did the participatory baseline assessment or someone identified in partnership with PATH will undertake this activity. Interested business partners will be briefed on the roles and responsibilities of a commodity distribution outlet and a partnership among the LGUs, the Project, and the outlet operators will be forged.

Anticipated Results:

- Feasibility study of commodity distribution outlet for each of 7 barangays
- One feasible commodity distribution outlet established for each of the seven barangays

Activity 2.4: Provide technical assistance and mentorship to commodity distribution outlet operators on the business planning process and plan development

This activity will be initiated, but will mainly take place in FY06.

Activity 2.5: Train barangay and municipal health workers and other FP/RH agents (commodity distribution outlet) on access and use of FP/ RH

This activity will be initiated, but will mainly take place in FY06.

Activity 2.6: Facilitate the development of management and monitoring systems appropriate and acceptable to the commodity distribution outlet operators or cooperators

This activity will be initiated, but will mainly take place in FY06.

Objective 3: To promote sustainable fishing practices and techniques among fisherfolk families and policy makers

<i>Level of Effort</i>	<i>\$ 15,995</i>
<i>USAID</i>	<i>\$ 9,795</i>
<i>Other Sources</i>	<i>\$ 6,200</i>

Activity 3.1: Update biological information on seagrass, dugong population and by-catch, shark and other fisheries, in relation to population pressures

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The project will organize and conduct a participatory assessment and monitoring surveys of seagrass beds, dugong population and by-catch, shark and other fisheries. The results of the surveys will provide an indication on the changes in the ecosystem health and abundance and distribution of species. The surveys will also give information on the availability and use of natural resources (i.e. fisheries) by fisherfolk families in the coastal barangays, and help sensitize fisherfolk to the impacts of population growth. One survey on seagrass areas and monthly monitoring of dugong by-catch and fisheries are planned.

Anticipated Results:

- Information give indications of ecosystems health and abundance and distribution of species(e.g. dugong) and availability and present use of coastal natural resources (e.g. fisheries)
- Biological values and major threats to the coastal ecosystems and species are assessed

Activity 3.2: Develop and distribute communication materials on the information generated from the surveys to fisherfolk families and policy makers

The project- through its community development officer and research officer- will make a summary of the results of the surveys and present this to the stakeholders using appropriate communication tools (i.e. written report, presentation to the municipal council meeting, share photographs).

Anticipated Results:

- Fisherfolks and policy makers are aware of the conditions of and threats to seagrass beds and dugongs and fisheries in the area

Activity 3.3: Organize and facilitate planning workshop that will draw out management and policy priority actions based on results of assessments and monitoring of PHE activities and integrate these actions into the municipal plans and policies related to fisheries and fishing practices

A management planning workshop will be organized and bring together various stakeholders of the PHE work to discuss the results of assessments and monitoring activities and identify management and policy actions and integrate results to the local development planning process. An output of this activity is the development of new and/or updating of existing municipal plans and policies on fisheries management.

Anticipated Results:

- Priority conservation areas for PHE work within the coastal areas of Roxas are identified
- Project partners and cooperators see the complementation of population, health and environment activities

Activity 3.4: Provide support to communities for improved resource management

PHE surveys will identify community priorities for improved management of coastal resources under pressure. WWF will help enforcement officers work with communities to

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find solutions for community-identified coastal resource problems including cyanide poisoning, use of dynamite, and intrusion of commercial fishermen into the municipal waters of Donsol.

Anticipated Results:

- Reduction in illegal fishing
- Decrease in incidence of dugong by-catch relative to the reports provided to project partners

Activity 3.5: Continue the technical and IEC support to the Roxas Marine Mammal Rescue and Conservation Group (RMMRCG)

The project will extend technical advice and support (i.e. feature activities in newsletter and other communications materials) of the Roxas Marine Mammal Rescue and Conservation Group. Technical advice in case of marine mammal (e.g. dugong) stranding will be given to ensure rapid response of marine mammal stranding.

Anticipated Results:

- Adequate and proper response to and successful release of stranded marine mammals
- Community health workers and other project cooperators report marine mammal stranding, as needed

Objective 4: To identify and develop sustainability measures to promote PHE in the municipality of Roxas

<i>Level of Effort</i>	<i>\$ 4,845</i>
<i>USAID</i>	<i>\$ 3,045</i>
<i>Other Sources</i>	<i>\$1,800</i>

Activity 4.1: Work with the LGUs to integrate/ mainstream PHE into the local development planning process and policy formulation

The project will use the Local Government Code of the Philippines as the basis for identifying health and environmental/natural resources functions that have been devolved to local government units. The project will work with the Municipal Planning Development Officer, the Municipal Health Officer, Municipal Agriculturist and Fisheries Officer in integrating the activities of the project into the local government development planning process and the information generated by the project on PHE experience will be fed into policy formulation. This activity involves planning, mobilization of stakeholders' resources and communications in order to facilitate stakeholders' involvement.

Anticipated Results:

- Policies and plans integrating PHE updated or developed

Activity 4.2: Work with the LGUs on allocating annual LGU budgets and prioritizing activities that will be supported by the PHE budget in Roxas

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The project will work with the Municipal Planning Development Officer, the Municipal Health Officer, Municipal Agriculturist and Fisheries Officer to prepare proposals for annual PHE budget allocations, and particularly those identified during the participatory assessment.

Anticipated Results:

- Initial indication of annual budget allocation for PHE by the municipal government
- Priority actions on PHE form part of the municipal environment and development plans

Activity 4.3: Work with the commodity distribution outlet operators in the monitoring of performance and experiences

This activity will be carried out in the second year of the Philippines project.

Anticipated Results:

- PHE agents and cooperators regularly monitor the access and availability of FP/RH commodities and the delivery of serviced

Activity 4.4: Support LGUs and community health workers' participation in meetings and conferences that will promote PHE work in the future

The project will support the travel and participation of LGUs and community health workers to meetings, conferences and trainings on PHE, which are organized by other non-government organizations or government agencies and are venues for them to share practices, approaches and lessons learned. New funding opportunities and partnerships to continue PHE in Roxas will be identified in these meetings, conferences and trainings. This activity also involves round-table meetings among the LGU and community health workers among the 7 barangays.

Anticipated Results:

- Information gathered provides indications of ecosystem health, abundance and distribution of species(e.g. dugong), and availability and present use of coastal natural resources (e.g. fisheries)

Monitoring and Evaluation

An M&E Plan for the project will be developed by the project team with the participation of the stakeholders and partners (e.g. LGUs, health workers, private sector, fishermen, or government agencies). A common set of indicators and roles and responsibilities of key persons to measure and report on these indicators will be identified during the preparation of the M&E plan. The project team and the stakeholders and partners will conduct round table meetings to discuss the performance of the project based on the M&E plan. Information gathered for the M&E plan will be analyzed and the appropriate adjustments to the project will be made to ensure achievement of objectives. The results of the M&E will also feed into the learning exchanges. The performance monitoring plan for the

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Successful Communities from Ridges to Reef Project provides further details on the monitoring and evaluation framework for the Roxas, Philippines site.

Financial Sustainability

The local government of Roxas, Palawan is a critical partner in ensuring the sustainability of population management interventions in the area. The Local Government Code in the Philippines devolved environment and health functions, that were originally managed by community offices of the National Environment and Health Departments, to local government units. The local government unit in Roxas has established an environment and health desk and provides funding to carry out activities in these two fields. In addition, the local government has access to the health programs of the Department of Health, which provides technical assistance and supplies drugs and medicines to the different barangays.

Sustainability will also be promoted by working with existing community structures and ensuring community leaders and other local community members are involved in the establishment of any new structures (e.g. volunteer rural health workers). Involving community members in all project activities from the very outset instills in them a sense of ownership. Once this is achieved, community members take enormous pride in sustaining the results of their own hard work.

The project aims to involve communities fully in activity design and implementation to ensure a sense of ownership which is essential for future sustainability. Moreover, the project will use existing village and community structures, involving traditional leaders and local authorities in order to ensure their buy-in and long-term support of the project.

The involvement of the stakeholders and partners beyond the project term is addressed by providing capacity-building and training support to the health workers and community PHE development agents. Investment by the LGU in PHE is encouraged. Incentives for the volunteer workers to continue their services will be made possible through the LGU annual budget allocation for PHE. Other funding opportunities will be sought in various venues such as meetings and conferences, which allow the project to share their experience, results and lessons learned and pitch for additional support to address any critical gaps remaining in the project.

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Table indicating Office of Population core activities for Philippines:

Activity	FP/HIV links	Adolescents	Post-abortion care	Contraceptive security	Maximizing access/quality	Population-environment	Gender	Female genital cutting
Activity 1.1	X	X			X	X	X	
Activity 1.2						X		
Activity 1.3					X	X		
Activity 1.4						X		
Activity 1.5						X		
Activity 1.6					X	X		
Activity 1.7						X		
Activity 1.8						X		
Activity 1.9					X	X		
Activity 2.1						X		
Activity 2.2						X		
Activity 2.3				X		X		
Activity 2.4				X		X		
Activity 2.5						X		
Activity 2.6				X		X		
Activity 3.1						X	X	
Activity 3.2						X		
Activity 3.3						X		
Activity 3.4						X	X	
Activity 3.5						X		
Activity 4.1						X		
Activity 4.2				X		X		
Activity 4.3				X		X		
Activity 4.4						X		

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4 LEARNING ON POPULATION-ENVIRONMENT APPROACHES AND LINKAGES

Introduction

The learning component aims to enhance conservation of biodiversity, reduce population growth and improve reproductive health by advancing learning on effective population-environment interventions, and promoting its application. The associated knowledge, tools and increased capacity will enable conservation and health organizations including WWF to prioritize efforts and increase their effectiveness in this field. Much of the learning will aim to develop and strengthen field approaches.

The three ecoregions supported under this funding will provide valuable inputs to the learning, but the learning will also draw on results from other projects of WWF and partners. It will complement and seek synergies with other USAID-funded reproductive health-environment activities in this field, for example those of Conservation International and the Jane Goodall Institute. There will be close collaboration with Population Reference Bureau, drawing on its research and capacity-building experiences.

Objective 1: To analyze the value of reproductive health work in biodiversity conservation, evaluating the effectiveness of different approaches

Level of Effort: \$46,450,

USAID population: \$46,450

Other sources: \$0

Activity 1.1: To undertake participatory strategic planning for the learning program and establishment/refinement of M&E for WWF population-environment sites

Project staff from WWF, staff from family planning partner organizations, and DC-based staff will participate in a population-environment workshop to be held in Bangkok around the World Conservation Congress in November 2004. The workshop aims to bring together USAID-funded population-environment projects from around the world to promote sharing of experiences, capacity building, and development of effective integrated monitoring and evaluation systems. WWF will contribute to facilitation costs. From this workshop, WWF's learning strategy will be finalized, in consultation with Community Conservation Coalition partners (January 2005) and with technical assistance from Foundations of Success.

Activity 1.2: To undertake activities to implement the learning strategy

These activities will include:

- analysis of early M&E results from sites
- consideration of ways to scale up efforts
- exploration of ways to incorporate population aspects into decision support systems being used by WWF and other conservation organizations for landscape planning

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- exploration of linkages between reproductive health and migration in relation to the environment, and ways to reduce adverse impacts (drawing on separately funded WWF/Conservation International migration work)
- exploration of linkages between reproductive health and HIV/AIDS in relation to environment, and ways to reduce adverse impacts (drawing on separately funded Africa Biodiversity Collaborative Group (ABCG)/WWF work on HIV/AIDS)
- implementation of monitoring and evaluation systems.

Activities will be initiated or continued this year, and will continue into FY06. This work will be undertaken both directly by WWF and the Population/Environment Fellow, and through consultancies/small grants.

Activity 1.3: To develop a population decision-making framework and tools for field practitioners

Work will start to develop a population decision-making framework and tools for field practitioners (this work will overlap with separately funded work we are undertaking on migration).

Anticipated Results:

- Participatory strategic plan for learning component developed, including a conceptual framework for analytical activities
- Draft M&E plans developed or existing M&E improved for each WWF site

Objective 2: To build capacity for population-environment work, especially in the conservation sector

<i>Level of Effort:</i>	\$54,528
<i>USAID:</i>	\$54,528
<i>Other sources:</i>	\$0

Activity 2.1: To support population-environment projects in WWF field sites

Technical assistance will be provided to WWF field sites undertaking population/health and environment programs. This support will focus primarily on the Spiny and Moist Forest Ecoregions in Madagascar; Kiunga in East Africa Marine Ecoregion in Kenya; and Roxas, Sulu Sulawesi Marine Ecoregion, Philippines. Support will include assistance to monitoring and evaluation programs as needed. Some assistance will also be provided to other WWF sites, in the form of advice, information, and sharing of experiences and lessons learned. This includes sites in the Congo Basin, Nepal, Mozambique and Solomon Islands. Exchange visits will be promoted among staff managing population-environment projects in the field.

Activity 2.2: To undertake networking and outreach on population/health-environment issues

Early results from the project will be disseminated to appropriate audiences, both internally in WWF (e.g. to ecoregion leaders at a global ecoregion meeting in Turkey in February 2005), and to external audiences. Opportunities will continue to be sought at various international, national and local forums and through informal contacts to raise awareness and understanding of population/health-environment issues, their interaction

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with related population issues such as migration and HIV/AIDS, and current advances in these fields.

WWF will continue to participate in NGO and other forums related to population-environment, including the Community Conservation Coalition and the Africa Biodiversity Collaborative Group.

Outreach will include co-sponsorship with USAID's Population and Reproductive Health Program of a sponsored workshop on population-health-environment linkages at the World Conservation Congress in November 2004 in Thailand (a major meeting of conservationists that takes place every four years) to promote greater awareness of population-environment issues to the conservation community, including recent advances on reproductive health and linkages with migration and HIV/AIDS. This follows on from a WWF/ABCG breakthrough in 2003 at the World Parks Congress where HIV/AIDS was formally identified as a major emerging issue for conservation.

Anticipated Results:

- Raised awareness of the opportunities for and benefits of population-health-environment activities, within WWF, in other conservation organizations, and in health organizations
- Increased capacity in WWF field programs to plan, manage and monitor population-health-environment projects

Table indicating Office of Population core activities:

Activity	FP/HIV links	Adolescents	Post-abortion care	Contraceptive security	Maximizing access/quality	Population-environment	Gender	Female genital cutting
Activity 1.1						X		
Activity 1.2	X					X	X	
Activity 1.3						X	X	
Activity 2.1	X					X	X	
Activity 2.2	X					X	X	

6 PROJECT MANAGEMENT

Project management will be undertaken in WWF US.

Level of Effort: ***\$14,637***
USAID: ***\$14,637***
Other sources: ***\$0***

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7 TRAVEL

The table below shows planned international travel. Note that this table is for indicative purposes; it is unlikely that all the travel indicated will be done this year.

‘WWF population staff’ includes Cara Honzak, Population-Environment Fellow.

WHO	FROM	DESTINATION	# OF TRIPS	PURPOSE
WWF population staff	Washington DC	Madagascar	3	Technical assistance to population-environment project; learning; outreach
WWF population staff	Washington DC	Kenya	3	Technical assistance to population-environment project; learning; outreach
WWF population staff	Washington DC	Philippines	3	Site selection; technical assistance to population-environment project; learning; outreach
WWF and AMREF staff	Kenya	Thailand	3	Attend pop-env workshop and World Conservation Congress
WWF and ASOS staff	Madagascar	Thailand	3	Attend pop-env workshop and World Conservation Congress
WWF staff	Philippines	Thailand	1	Attend pop-env workshop and World Conservation Congress
WWF population staff	Washington DC	Thailand	2	Attend pop-env workshop and World Conservation Congress
Wildlife and Environment Society of Malawi	Malawi	Thailand	1	Attend pop-health-env workshop at World Conservation Congress
WWF and AMREF staff	Kenya	Madagascar	2	Exchange visit; capacity building
WWF and AMREF staff	Kenya	Philippines	2	Exchange visit; capacity building
WWF and PATH staff	Philippines	Kenya	2	Exchange visit; capacity building
WWF and PATH staff	Philippines	Madagascar	2	Exchange visit; capacity building
WWF and ASOS staff	Madagascar	Philippines	2	Exchange visit; capacity building
WWF and AMREF staff	Madagascar	Kenya	2	Exchange visit; capacity building